

10-99, 11-42

DOCKET FILE COPY ORIGINAL

Page 1

FCC Form 481 - Carrier Annual Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	483308	Received & Inspected
<015> Study Area Name	BLACKFOOT TEL - CPT	
<020> Program Year	2015	JUN 30 2014
<030> Contact Name: Person USAC should contact with questions about this data	Michelle Norbeck	
<035> Contact Telephone Number: Number of the person identified in data line <030>	4065315131 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	mnorbeck@blackfoot.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 483308mt510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 483308mt610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 483308mt1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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List ABCDE

Page 1

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

 OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

483308mt112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<039> Contact Email Address - Email Address of person identified in data line <030> mnorbeck@blackfoot.com

Page 3

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	483308
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com
<810>	Reporting Carrier	Blackfoot Telephone Cooperative Inc.
<811>	Holding Company	n/a
<812>	Operating Company	n/a

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986 / OMB Control No. 3060-0819

July 2013

<010> Study Area Code 483308
 <015> Study Area Name BLACKFOOT TEL - CFT
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Michelle Norbeck
 <035> Contact Telephone Number - Number of person identified in data line <030> 4065315131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mnorbeck@blackfoot.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CPT
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<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers**Lifeline
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CPT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.blackfoot.com/residential-services/voice-connections.shtml>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

[3000] Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 483308
 <015> Study Area Name BLACKFOOT TEL - CFT
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Michelle Norbeck
 <035> Contact Telephone Number - Number of person identified in data line <030> 4065315131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mnorbeck@blackfoot.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No)
 (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒
 (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
 (3023) Underlying information subjected to a review by an independent certified public accountant ☐
 (3024) Underlying information subjected to an officer certification. ☐
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

483308mt3026.xlsm, 483308mt3026a.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	483308
<015> Study Area Name	BLACKFOOT TEL - CFT
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035> Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BLACKFOOT TEL - CFT	
Signature of Authorized Officer: CERTIFIED ONLINE	Date
Printed name of Authorized Officer: Michelle Norbeck	
Title or position of Authorized Officer: Carrier & Regulatory Specialist	
Telephone number of Authorized Officer: 4065415131 ext.	
Study Area Code of Reporting Carrier: 483308	Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	483308
<015> Study Area Name	BLACKFOOT TEL - CFT
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035> Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Study Area Code: 483308

5 year Build-out Plan – REDACTED – FOR PUBLIC INSPECTION

Unfulfilled Broadband Service Requests Resolution

June 2, 2014

Mike Suderman

Manager – OSP Engineer/Construction

Blackfoot Telecommunications Group

This document provides a high level description of the measures in place to resolve customer requests for broadband service that were unfulfilled in the prior calendar year.

Blackfoot Telephone Cooperative, Inc. (482235, 483308) and Fremont Telecom Co. dba Fremont Communications (472222) routinely replace digital loop carriers that are not capable of providing a minimum of 4 Mbps download and 1 Mbps upload to new loop carriers and provide Ethernet transport, where appropriate. Additionally, the companies deploy broadband accelerators in line that extend DSL or increase the speed to customers whose requests would otherwise be unfulfilled.

Service Quality Standards & Consumer Protection Rules Compliance

June 3, 2014

Michelle Norbeck

Carrier & Regulatory Specialist

Blackfoot Telecommunications Group

Blackfoot Telecommunications Group comprised of Blackfoot Telephone Cooperative, Inc. (SAC 482235 and 483308) and Fremont Telcom Co. (SAC 472222) has implemented a variety of service quality standards and consumer protection policies and procedures. This document provides a high level description of the measures in place to.

Service Quality

The companies comply with service quality standards by meeting all requirements in the Administrative Rules of Montana 38.5.3371 and Idaho Administrative Code I.D.A.P.A. 31.41.01.500, as well as, all applicable federal consumer protection rules.

Consumer Protection

The companies comply with consumer protection obligations by meeting requirements in Administrative Code I.D.A.P.A. 31.41.01, applicable consumer protection regulation in the state of Montana, as well as, all federal consumer protection rules. The companies general practice is to treat all information as if it were private, in addition CPNI and Red Flag policies and procedures are observed and trained on annually. CALEA obligations and processes are strictly adhered to. Noticing is undertaken annually in relation to do not call and call before you dig. Noticing of rate changes is provided to educate customers about changes appearing on their bills regardless of the jurisdiction or regulated nature of the service.

Functionality in Emergency Situations

June 3, 2014

Frank Creasia

VP Network Operations

Blackfoot Telecommunications Group

This document provides a high level description of the measures in place to provide functionality in Emergency situations in the 482235, 483308 and 472222 study areas.

Central Offices in all 3 study areas are equipped with backup generators in the event of commercial AC power failures. Fuel supplies for these generators are adequate for 24-36 hours of operation and back up batteries located in each central office provide an additional 6-8 hours of backup power.

All remote subscriber carrier locations are equipped with backup batteries that are capable of providing 8-12 hours of DC power in the event of a commercial AC power failure. We also maintain a pool of portable generators that are used to recharge these batteries if the AC power is not restored prior to the batteries being fully discharged.

Where practical, fiber optic cable routes that provide connectivity to a remote central office back to the host central office have diverse routes to insure uninterrupted operation in the event of a cable cut or failure. If diverse routes are not practical the remote central office is equipped with a "stand alone" function that insures uninterrupted operation within the remoter central office service area.

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 483308
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 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Michelle Norbeck
 <035> Contact Telephone Number - Number of person identified in data line <030> 4065315131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mnorbeck@blackfoot.com

<701> Residential Local Service Charge Effective Date
 <702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
MT	Alberton		FR	14.0	0.0	0.0	0.0	14.0
MT	Alberton		FR	22.5	0.0	0.0	0.0	22.5
MT	Alberton		FR	25.0	0.0	0.0	0.0	25.0
MT	Drummond		FR	14.0	0.0	0.0	0.0	14.0
MT	Drummond		FR	22.5	0.0	0.0	0.0	22.5
MT	Drummond		FR	25.0	0.0	0.0	0.0	25.0
MT	Haugan		FR	14.0	0.0	0.0	0.0	14.0
MT	Haugan		FR	22.5	0.0	0.0	0.0	22.5
MT	Haugan		FR	25.0	0.0	0.0	0.0	25.0
MT	Noxon		FR	14.0	0.0	0.0	0.0	14.0
MT	Noxon		FR	22.5	0.0	0.0	0.0	22.5
MT	Noxon		FR	25.0	0.0	0.0	0.0	25.0
MT	Philipsburg		FR	14.0	0.0	0.0	0.0	14.0
MT	Philipsburg		FR	22.5	0.0	0.0	0.0	22.5
MT	Philipsburg		FR	25.0	0.0	0.0	0.0	25.0
MT	Plains		FR	14.0	0.0	0.0	0.0	14.0
MT	Plains		FR	22.5	0.0	0.0	0.0	22.5
MT	Plains		FR	25.0	0.0	0.0	0.0	25.0
MT	Superior		FR	14.0	0.0	0.0	0.0	14.0
MT	Superior		FR	22.5	0.0	0.0	0.0	22.5
MT	Superior		FR	25.0	0.0	0.0	0.0	25.0

<010>	Study Area Code	483308
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<015>	Study Area Name	BLACKFOOT TEL - CFT
-------	-----------------	---------------------

<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
-------	---	------------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com
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<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 483308
 <015> Study Area Name BLACKFOOT TEL - CFT
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Michelle Norbeck
 <035> Contact Telephone Number - Number of person identified in data line <030> 4065315131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mnorbeck@blackfoot.com

<b1>	<b2>	<b3>	<b4>	<b5>	<b6>	<b7>	<b8>	<b9>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
MT	All	48.32	0.0	48.32	1.5	1.0	0.0	Other, No usage limitation
MT	All	36.32	0.0	36.32	0.768	0.384	0.0	Other, No usage limitation
MT	All	25.72	0.0	25.72	0.768	0.384	0.0	Other, No usage limitation
MT	All	28.81	0.0	28.81	1.5	1.5	0.0	Other, No usage limitation
MT	All	38.81	0.0	38.81	1.5	1.0	0.0	Other, No usage limitation
MT	All	33.81	0.0	33.81	0.768	0.384	0.0	Other, No usage limitation
MT	All	28.81	0.0	28.81	0.768	0.384	0.0	Other, No usage limitation
MT	All	48.81	0.0	48.81	8.0	1.0	0.0	Other, No usage limitation
MT	All	63.81	0.0	63.81	15.0	1.0	0.0	Other, No usage limitation
MT	All	72.82	0.0	72.82	1.5	1.0	0.0	Other, No usage limitation
MT	All	61.72	0.0	61.72	1.5	1.0	0.0	Other, No usage limitation
MT	All	43.82	0.0	43.82	1.5	1.0	0.0	Other, No usage limitation
MT	All	66.72	0.0	66.72	1.5	1.0	0.0	Other, No usage limitation
MT	All	102.82	0.0	102.82	15.0	1.0	0.0	Other, No usage limitation
MT	All	43.81	0.0	43.81	4.0	1.0	0.0	Other, No usage limitation
MT	All	37.82	0.0	37.82	0.768	0.384	0.0	Other, No usage limitation
MT	All	62.82	0.0	62.82	0.768	0.384	0.0	Other, No usage limitation
MT	All	92.82	0.0	92.82	8.0	1.0	0.0	Other, No usage limitation
MT	All	31.72	0.0	31.72	0.768	0.384	0.0	Other, No usage limitation
MT	All	45.72	0.0	45.72	0.768	0.384	0.0	Other, No usage limitation
MT	All	23.060000000000	0.0	23.06	0.768	0.384	0.0	Other, No usage limitation

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	483308
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<015>	Study Area Name	BLACKFOOT TEL - CPT
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
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<039> Contact Email Address - Email Address of person identified in data line <030> mnorbeck@blackfoot.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
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[illegible]

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Norbeck
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065315131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnorbeck@blackfoot.com
<810>	Reporting Carrier	Blackfoot Telephone Cooperative Inc.
<811>	Holding Company	n/a
<812>	Operating Company	n/a

[illegible]

Voice Services Rate Comparability

June 3, 2014

Theodore P. Otis

CFO

Blackfoot Telecommunications Group

For the Program year 2015, the average urban rate for local service is \$20.46. Per USAC's 481 User guide two deviations above the \$20.46 is \$46.96. As indicated in line 700 worksheet none of the Blackfoot rates are two deviations above \$20.46.

Study Area Code: 483308

Financial Statements – REDACTED – FOR PUBLIC INSPECTION

Blackfoot Telecommunications Group

2013 Audit Exit Memo

MOSS-ADAMS_{LLP}
Certified Public Accountants | Business Consultants

Communication with Those Charged with Corporate Governance Under US Auditing Standards (AU-C Sections 260 and 265)

Our responsibility under US Generally Accepted Auditing Standards

Our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Sensitive accounting estimates

- Rates and allocation bases on affiliate transactions and intercompany cost allocations
- Depreciation
- Part 64 adjustments
- Valuation of acquisitions

Difficulties in performing the audit

None

Corrected and uncorrected misstatements

Lists provided to management.

Disagreements with management

None

Management representations

We have requested certain representations from management that are included in the management representation letter dated as of the report date.

Management consultations with other independent accountants

None

Other findings or issues

None